FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Informa	tion																		
Name and Mailing Address of Respondent White d Talambana Mustual Aid Corporation																			
United Telephone Mutual Aid Corporation PO Box 729 Langdon, ND 58249-0729										Check here if this is a change of address.									
2. Year Report Filed 3. Reporting Period (Ending Date of Pay Period (covered by Report) 4. Number of Full-Time Reporting Period (ct										ne Employees during Selected									
2017				a. Fewer tha							(Cleck Oile). n 16 (complete Sections I, IV, and V only) (complete all sections)								
SECTION II - Full-Time Emplo	yees																		
			Number of Employees (Report employees in only one category)																
Job Categories			Race/Ethnicity																
		Hispa Lati							Not-Hispar	spanic or Latino									
				Male								Fem		Columns A - N					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races				
	Ī	А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0			
Executive/Senior Level Officials and Managers	1.1			1												1			
First/Mid-Level Officials and Managers	1.2			3						2						5			
Professionals	2			1						1						2			
Technicians	3			15												15			
Sales Workers	4															0			
Administrative Support Workers	5									11				2		13			
Craft Workers	6	10		13				5						1		19			
Operatives	7														N.	0			
Laborers and Helpers	8															0			
Service Workers	9															0			
TOTAL	10	0	0	33	0	0	0	5	0	14	0	0	0	3	0	55			
PREVIOUS YEAR TOTAL	11	0	0	32	0	0	0	5	0	15	0	0	0	2	0	54			

FCC 395

Revised December 2007

SECTION III - Part-Time Employ	/ees.	Number of Employees (Report employees in only one category)																
		(Report employees in only one category) Race/Ethnicity																
Job Categories	Llian	anio ar		Not-Hispanic or Latino														
Categories	Hispanic or Latino				Ma	Fen	nale	Total Columns A - N										
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N			
	A	В	С	D	Islander E	F	G	Н	I	J	K	L	М	N	0			
Executive/Senior Level Officials and Managers	.1														0			
First/Mid Layol Officials and	.2														0			
Professionals	2														0			
Technicians	3			(A											0			
Sales Workers	4														0			
Administrative Support Workers	5														0			
Craft Workers	6														0			
Operatives	7														0			
Laborers and Helpers	8		1												1			
Service Workers	9														0			
TOTAL	10 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1			
PREVIOUS YEAR TOTAL	11 0	0	1	0	0	0	0	0	0	0	0	0	0	0	1			
SECTION IV - Report of Discri																		
This is to advise the company before an This is to advise the (Attach a list indical)	y body having	competent jur	isdiction in su	ch matters du s alleging viol	ring the calend	dar year cover rovisions of a	ered by this re any equal emi	eport. olovment oppo	rtunity statut	e have been f	iled against th	is company.						
SECTION V - Certification	owledge infor	mation, and he	elief, all staten	nents in this re	eport are true	and correct.												
	yped or Printe					Signature						Telephone						
1		Perry Oster									(701) 256-5156 PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION							
Title of Person Signing General Manager/C	OF ANY S	Y FALSE STA TATION LICEN	TEMENTS N ISE OR COI	NADE ON THI	S FORM ARE N PERMIT (47	PUNISHABI U.S.C. 312 (LE BY FINE A A)(1) AND/OF	ND/OR IMPRI R FORFEITUR	SONMENT (E (47 U.S.C	(18 U.S.C. 10 . 503).	01) AND/OR F	EVOCATION						